## Child and Adult Care Food Program (CACFP) Income Eligibility Form (IEF) 2012 - 2013

**Part 1 - Children Enrolled in Child Care:** List the names and ages of children enrolled. Indicate each child's race <u>and</u> ethnicity. If this information is left blank, a center representative will complete it according to visual identification. This information is strictly for statistical reporting requirements and does not affect eligibility. **Note:** A =Asian; Al/AN=American Indian or Alaskan Native; B/AA=Black or African American; H/PI=Native Hawaiian or other Pacific Islander; W=White.

		Last	Name					First	Name		Αg			thnicity (select one) and Race (select one or more)							
												Hispanic or Latino ☐ Not Hispanic or Latino ☐ AI/AN ☐ B/AA ☐ H/PI ☐ W									
												Ethnicity: ☐ Hispanic or Latino ☐ No Race: ☐ A ☐ Al/AN ☐ B/AA ☐ H/F							lispanic	or Latino	
												Ethnicity:  Hispanic or Latino  Not Hispanic or Latino Race:  A A Al/AN B/AA H/PI W								or Latino	
One	e or more	of the ch	hildren	listed a	bove is	a foster	child wh	o is the	responsit	oility of th	e State or		ed by the co								
													program lis I <b>SKIP TO</b>			/? If r	not,	GO TO	) PAR	Т 3.	
								ly known	nown as Food Stamps												
		empora			Case Number: Case Number:																
_					•			(Quest Card or Social Security Numbers are not acceptable													
<b>Part 3 - Incomes to Report:</b> List the names of all household members not listed in Part 1. Write the amount of last month's income for each household member who has income. Indicate if income is weekly (W), monthly (M), or annually (A).																					
								Gross	s Incor	ne/Sal	ary/Wa	ges									
<ul> <li>Gross income or cash income before deductions.</li> <li>Monetary compensation for services, including wages, salary, commissions, fees, or withdrawals from savings, investments, trust accounts, and other accounts</li> </ul>																					
<ul> <li>Net income from farm self-employment and/or non-farm self-employment. If income is negative list "0".</li> </ul>																					
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<ul> <li>St</li> </ul>	tudent fina	ancial as	ssistan	ce (gran	ts or sc	holarshi	ips) <u>not</u> u	sed to r				orrio, ar	ia not royan	.00.							
• R	egular coı	ntributior	ns from	n person	s not liv	ing in th	ne housel	hold.													
I SET NAME I FIRST NAME I												Gross Income/			Other Income				TOTALS		
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Note: If necessary, convert multiple inc													т	Т	Total	IVI A	_	φ \$		W M A	
Total Number in Household income. Multiply weekly income by 52, bi-weekly by 26, monthly by 12.														/.							
Part 4 – Social Security Number: If the adult household member completing this form does not provide a TANF, SNAP, or FDPIR number in Part 2, the person completing this form must provide the last four digits of his/her Social Security Number (SSN).																					
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Part	5 - Sia	nature	ا مما <b>ند</b>	rtify that	all of #	l ne infor	mation or	thic for	m ie true	and corr		•	connection v				EAd	oral E	ınde C	ontor	
officia	ls may ve	rify infor	mation	. Delibe	rate mis	sreprese	entation n	nay sub	ject me to	prosecu		applicab	ole State and								
											Street Add	ress									
Sign	nature of A	dult Hous	ehold N	/lember			Ollootiilda	Succession													
Drin	ted Name										City			State Zip Code					ode		
FIIII	leu Name								•	Home Tele	phone			Work	Teleph	hone					
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Inco	me Cate	gory (ch	neck o	ne):	☐ Free	e [	☐ Reduce	ed [	⊒ Paid (Iı	neligible '	for Free or	Reduce	d Priced me	als)							
										I by the in	stitution.										
Example: If the determination date is July 2012, the form is valid from July 1, 2012 through July 31, 2013.  Determination Date:													1								
Signa	ature of Cen	iter's Eligi	ibility Of	fficial									Determing	uon L	Jait.	Mo	onth		Year	]	